

MENTAL HEALTH SERVICES OF CATAWBA COUNTY

Serving Burke & Catawba Counties

1985 Tate Blvd. SE, Suite 529 • Hickory, North Carolina 28602 • (877) 327-2593 • Fax (828) 325-9826

NON-MEDICAID SERVICE COMPLAINT FORM

If you wish to file a complaint about or appeal the utilization management decision described in the enclosed decision letter, provide the information below and send the form along with the decision letter or a copy to Mental Health Services of Catawba County no more than ten (10) days from the date of this letter. If the tenth (10th) day is on a weekend or a holiday, the deadline will be the next business day.

What is the local Utilization Management decision(s) you are appealing?

Consumer's Last Name: _____ First Name: _____

Consumer's Date of Birth: _____ (month) _____ (day) _____ (year)

Consumer's Address: _____

Consumer's Telephone Numbers: _____ (day) _____ (evening)

Name of Legal Guardian, if applicable: _____

Guardians' Address: _____

Guardian's Telephone Numbers: _____ (day) _____ (evening)

Consumer or Guardian Signature: _____ Date: _____

Send this form and a copy of the decision letter to: MHSCC

Customer Service Unit
1985 Tate Blvd. SE, Suite 529
Hickory, NC 28602

*Dedicated to serving Burke and Catawba County citizens facing challenges related to
mental illness, developmental disabilities or substance abuse.*